



"If you change the way you look at things,  
the things you look at change."

— Dr. Wayne Dyer

# BUNCE BACK

promoting health through happiness

# Objectives

- Discuss the prevalence of burnout in healthcare.
- Explain three tools found within positive psychology that can improve personal and organizational resilience.
- Evaluate the benefits of social connections with others.



# Our Perspective for Today's Presentation

- ❖ As health care professionals
- ❖ Within our communities

*If your compassion does not include yourself, it is incomplete.*

**Jack Kornfield**





## Physician Burnout

### A Potential Threat to Successful Health Care Reform

Liselotte N. Dyrbye, MD, MHPE

Tait D. Shanafelt, MD

**D**ISCUSSIONS OF BARRIERS TO SUCCESSFUL IMPLEMENTATION of the Patient Protection and Affordable Care Act have largely focused on legislative, logistical, and legal hurdles. Notably absent from these discussions is how the health care reform measures may affect the emotional health of physicians.

Burnout is common among physicians in the United States, with an estimated 30% to 40% experiencing burnout.<sup>1</sup> Many aspects of physician performance may be compromised by burnout. Physicians who are burned out are likely to report more errors, less satisfaction with their work, and have higher rates of absenteeism and turnover. Burnout is associated with decreased patient satisfaction and patient safety.

Burnout stems from work-related stress. Preliminary evidence suggests that excessive workloads (eg, work hours, on-call responsibilities), subsequent difficulty balancing personal and professional life, and deterioration in work control, autonomy, and meaning in work contribute to burnout in physicians.<sup>2,3</sup> Some aspects of health care reform are likely to exacerbate many of these stressors and thus may have the unintended consequence of increasing physician

such as those expenses associated with reporting quality-based measures, will be an additional ongoing practice expense. These and other new regulations and reporting requirements (eg, requiring reporting of patient outcome data and guideline adherence for payment) will also increase the administrative burden for physicians on each patient for whom they provide care. Indeed physicians in Massachusetts report seeing more patients,<sup>8</sup> reducing the time they spend with each patient, dealing with greater administrative requirements, and experiencing a detrimental financial impact after implementation of the Massachusetts Health Insurance Reform Law.<sup>9</sup> If physicians nationally have a similar experience with health care reform, it is likely to result in increased workload that

**Burnout is common among physicians in the United States with an estimated 30% to 40% experiencing burnout.**

Health care reform does contain some provisions that may reduce physician stress. For example, removing insurance barriers for treatment of preexisting conditions, facilitating medication coverage, and streamlining insurance claims are all positive features of health care reform that are likely to improve patient care and reduce physician workload and stress. The introduction of a standardized claim form, as proposed in the Patient Pro-



## THE PREVALENCE AND IMPACT OF POST TRAUMATIC STRESS DISORDER AND BURNOUT SYNDROME IN NURSES

Meredith Mealer, R.N. M.S.,<sup>1\*</sup> Ellen L. Burnham, M.D.,<sup>1</sup> Colleen J. Goode, R.N. Ph.D.,<sup>2</sup>  
Barbara Rothbaum, Ph.D.,<sup>3</sup> and Marc Moss, M.D.<sup>1</sup>

**Objective:** To determine whether post traumatic stress disorder (PTSD) and burnout syndrome (BOS) are common in nurses, and whether the co-existence of PTSD and BOS is associated with altered perceptions of work and nonwork-related activities. **Methods:** University hospital nurses were administered four validated psychological questionnaires. **Results:** The response rate was 41% (332/810). Twenty two percent (73/332) had symptoms of PTSD, 18% (61/332) met diagnostic criteria for PTSD, and 86% (277/323) met criteria for BOS. Ninety eight percent (59/60) of those fulfilling diagnostic criteria for PTSD were positive for BOS. When grouped into three categories: positive for PTSD and BOS (n = 59), positive for BOS and negative for PTSD (n = 217), and negative for both BOS and PTSD (n = 46), there were significant differences in the years of employment as a nurse ( $P < .0001$ ), perceptions of collaborative nursing care ( $P = .01$ ), confidence in physicians ( $P = .01$ ), and perception that their work impacted their lives ( $P = .01$ ). Nurses with BOS and PTSD were significantly more likely to report difficulty in their life outside of the work environment. **Conclusion:** The study identified that PTSD and BOS are common in nurses, and almost uniformly co-occur. The presence of PTSD and BOS had a dramatic effect on nurses' lives. *Depression and Anxiety*

18% (61/332) met diagnostic criteria for PTSD  
86% (277/323) met criteria for BOS

**Key words:** burnout syndrome; post traumatic stress disorder; nursing

### INTRODUCTION

Hospitals are stressful places of employment due to the increased complexity and demands of most job

<sup>1</sup>Division of Pulmonary Sciences and Critical Care Medicine, Department of Medicine, University of Colorado School of Medicine, Denver, Colorado

# BMJ Open Job stress and burnout in hospital employees: comparisons of different medical professions in a regional hospital in Taiwan

Li-Ping Chou,<sup>1,2</sup> Chung-Yi Li,<sup>2,3</sup> Susan C Hu<sup>2</sup>

**To cite:** Chou L-P, Li C-Y, Hu SC. Job stress and burnout in hospital employees: comparisons of different medical professions in a regional hospital in Taiwan. *BMJ Open* 2014;4:e004185. doi:10.1136/bmjopen-2013-004185

► Prepublication history for this paper is available online. To view these files please visit the journal online (<http://dx.doi.org/10.1136/bmjopen-2013-004185>).

Received 6 October 2013  
Revised 24 December 2013  
Accepted 14 January 2014

## ABSTRACT

**Objectives:** To explore the prevalence and associated factors of burnout among five different medical professions in a regional teaching hospital.

**Design:** Cross-sectional study.

**Setting:** Hospital-based survey.

**Participants:** A total of 1329 medical professionals were recruited in a regional hospital with a response rate of 89%. These participants included 101 physicians, 68 physician assistants, 570 nurses, 216 medical technicians and 174 administrative staff.

**Primary and secondary measures:**

Demographic data included

education and

such as position

obtained from

and burnout

questionnaire

Questionnaire

**Results:** Am

prevalence of

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(61.8%), phy

(36.1%) and m

Hierarchical regression analysis indicated that job

strain, overcommitment and low social support

The prevalence of high work-related burnout ... nurses (66%), physician assistants (61.8%), physicians (38.6%), administrative staff (36.1%) and medical technicians (31.9%). ... Job strain, overcommitment, and low social support explained the most variance (32.6%) of burnout.

## Strengths and limitations of this study

- This is the first report to compare burnout conditions among most of the medical professions in a hospital setting; the large sample size and high response rate also strengthen the power of this study.
- Participants were from a single regional hospital; therefore, it is not possible to generalise the conclusions for medical professions across the whole of Taiwan's hospitals.
- Stressful life events and work-family conflicts, which may affect the outcome of burnout, as

cross-sectional  
weak causal

shift work  
very common

A great deal of research has indicated that long-term exposure to job-related stress can

# Nurse staffing, burnout, and health care–associated infection

Jeannie P. Cimiotti DNSc, RN<sup>a,b,\*</sup>, Linda H. Aiken PhD<sup>c</sup>, Douglas M. Sloane PhD<sup>c</sup>, Evan S. Wu BS<sup>c</sup>

<sup>a</sup> New Jersey Collaborating Center for Nursing, Rutgers, The State University of New Jersey, Newark, NJ

<sup>b</sup> College of Nursing, Rutgers, The State University of New Jersey, Newark, NJ

<sup>c</sup> Center for Health Outcomes and Policy Research, School of Nursing, University of Pennsylvania, Philadelphia, PA

Key Words:  
Hospital  
Workload  
Cost  
PHC4

Reducing nurse burnout 30% would result in an estimated 6,239 fewer total infections with an annual cost savings of up to \$68 million.

Each year, nearly 7 million hospitalized patients acquire infections while being treated for health care–associated infections (HAIs) within hospitals, yet little

information is available on the impact of nurse burnout on HAI rates. A recent Institute of Medicine Council report examined urinary tract infections (UTIs) as a model for HAI to be acquired on any ward, and hospital characteristics on health care–associated infections.

**Results:** There was a significant association between patient-to-nurse ratio and urinary tract infection (0.86;  $P = .02$ ) and surgical site infection (0.93;  $P = .04$ ). In a multivariate model controlling for patient severity and nurse and hospital characteristics, only nurse burnout remained significantly associated with urinary tract infection (0.82;  $P = .03$ ) and surgical site infection (1.56;  $P < .01$ ) infection. Hospitals in which burnout was reduced by 30% had a total of 6,239 fewer infections, for an annual cost saving of up to \$68 million.

**Conclusions:** We provide a plausible explanation for the association between nurse staffing and health care–associated infections. Reducing burnout in registered nurses is a promising strategy to help control infections in acute care facilities.

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# Burnout in Mental Health Services: A Review of the Problem and Its Remediation

## Burnout: The Scope of the Problem for the Mental Health Field

Go to: ☒

We will examine the extent to which burnout is a problem in the mental health field in terms of two key areas: 1) the prevalence of burnout among mental health providers, and 2) the association of burnout with other problems for mental health staff and service delivery. Prevalence

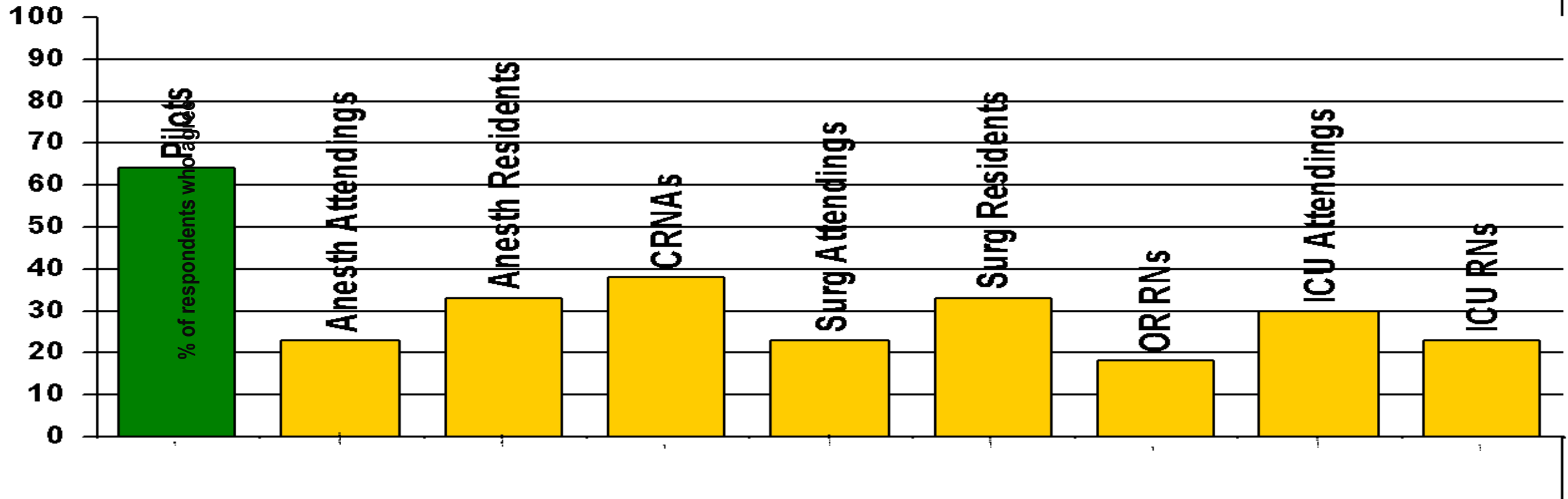
Across several studies, it appears that 21-67% of mental health workers may be experiencing high levels of burnout. In a study of 151 community mental health workers in Northern California, [Webster and Hackett \(1999\)](#) found that 54% had high emotional exhaustion and 38% reported high depersonalization rates, but most reported high levels of personal accomplishment as well. In [Rohland's \(2000\)](#) sample of 29 directors of community mental health centers in Tennessee, 54% reported high emotional exhaustion and low personal accomplishment. Further, [Albee \(2005\)](#) surveyed a state chapter of social workers and found 54% reported high levels of emotional exhaustion. The investigator endorsed the statement: "I currently have problems with burnout." [Oddie and colleagues \(2007\)](#) examined 71 forensic mental health workers in the UK, and 54% reported high rates of emotional exhaustion. Prior United Kingdom studies reviewed by [Oddie and colleagues \(2007\)](#) also reported a range of 21% to 48% of general mental health workers as having high emotional exhaustion.

**Levels of burnout among mental health workers ranged from 21 – 67% leading to an increase in health issues, emotional exhaustions, and depersonalization.**

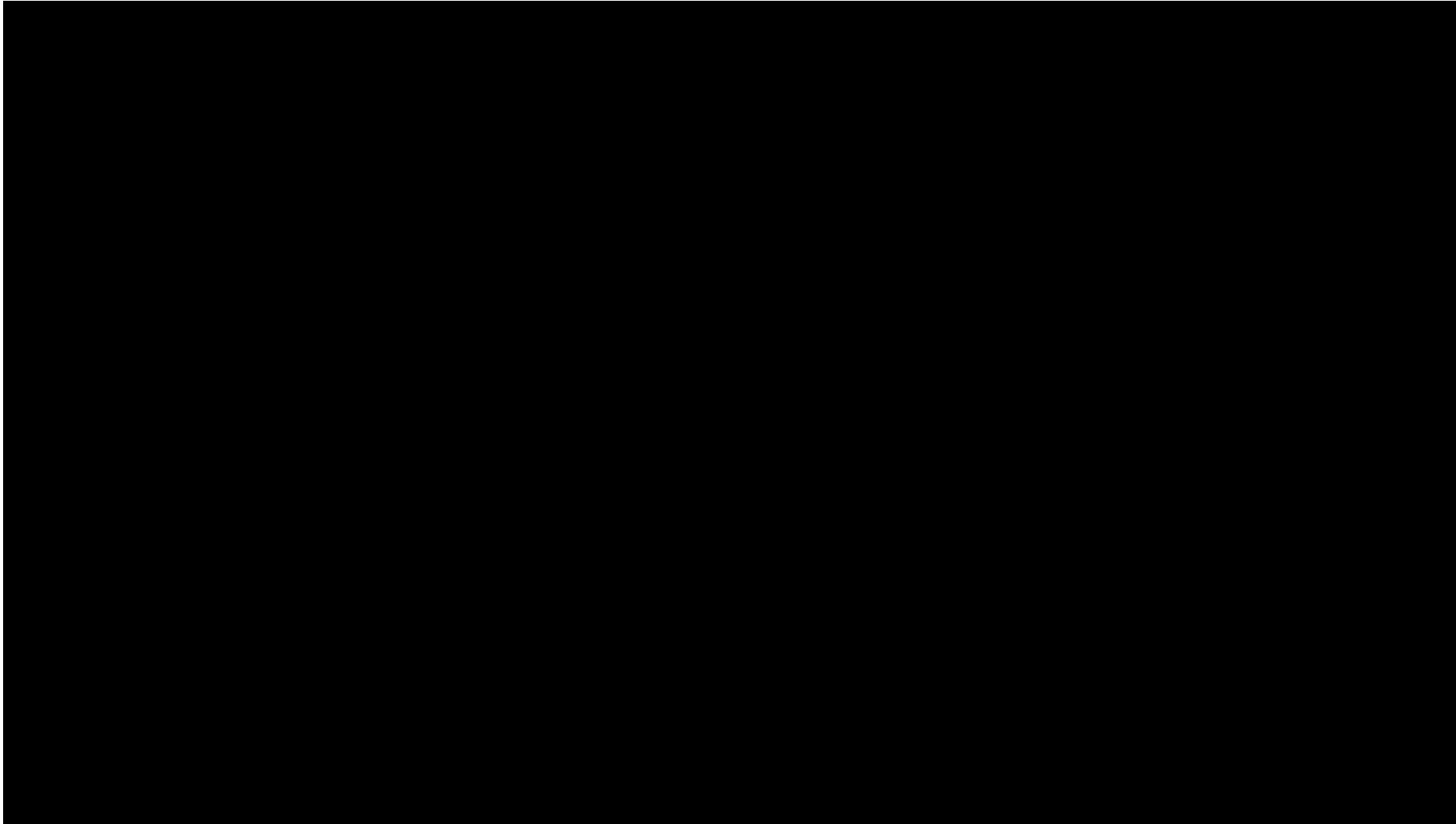
**Morse, G., Salyers, M. P., Rollins, A, L., Monroe-DeVita, M., & Pfahler, C. (2012). Administration and Policy in Mental Health and Mental Health Services Research, 39(5), 341-352. doi: 10.1007/s10488-011-0352-1.**



**“Fatigue impairs my performance in emergency situations.”**



(Sexton, Thomas, & Helmreich, 2000)



# What Is Health?

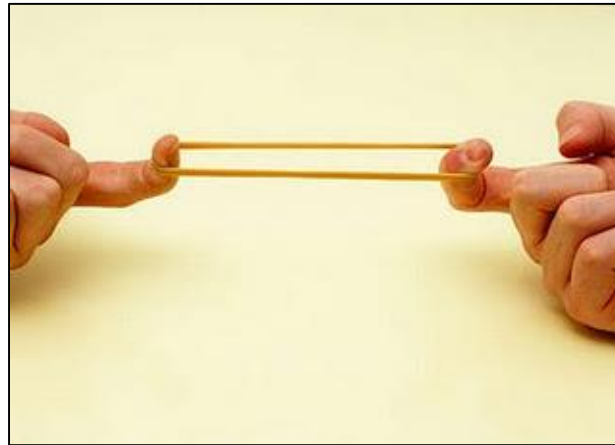
- Being free from injury? Disease?
- The definition encompasses much more ...
  - It is more than being free from disease.
  - It represents both physical and mental well-being.





# What Is Resilience?

- Resilience is a reflection of our ability to cope and the availability of resources we have related to our health / well being.



- Our response to the “disruptions” of life.



# Resilience Can Be Learned

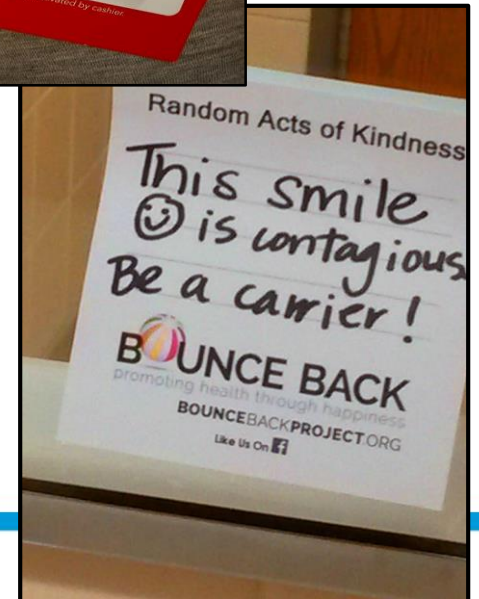
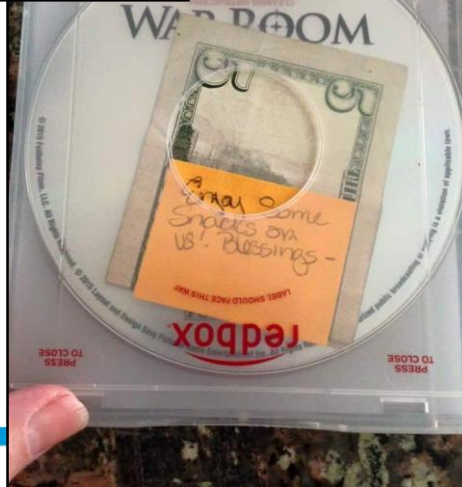
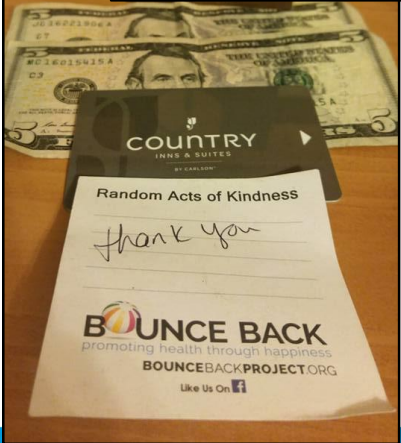
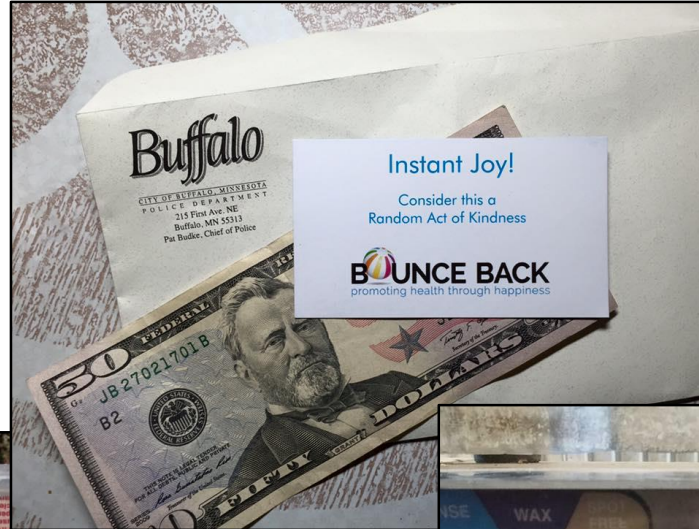
- **“It’s kind of like weight training ... we found that people can actually build up their compassion ‘muscle’ and respond to others’ suffering with care and a desire to help.”**



Dr. Helen Weng  
University of Wisconsin – Madison  
Researcher



# Random Acts of Kindness





# Three Good Things

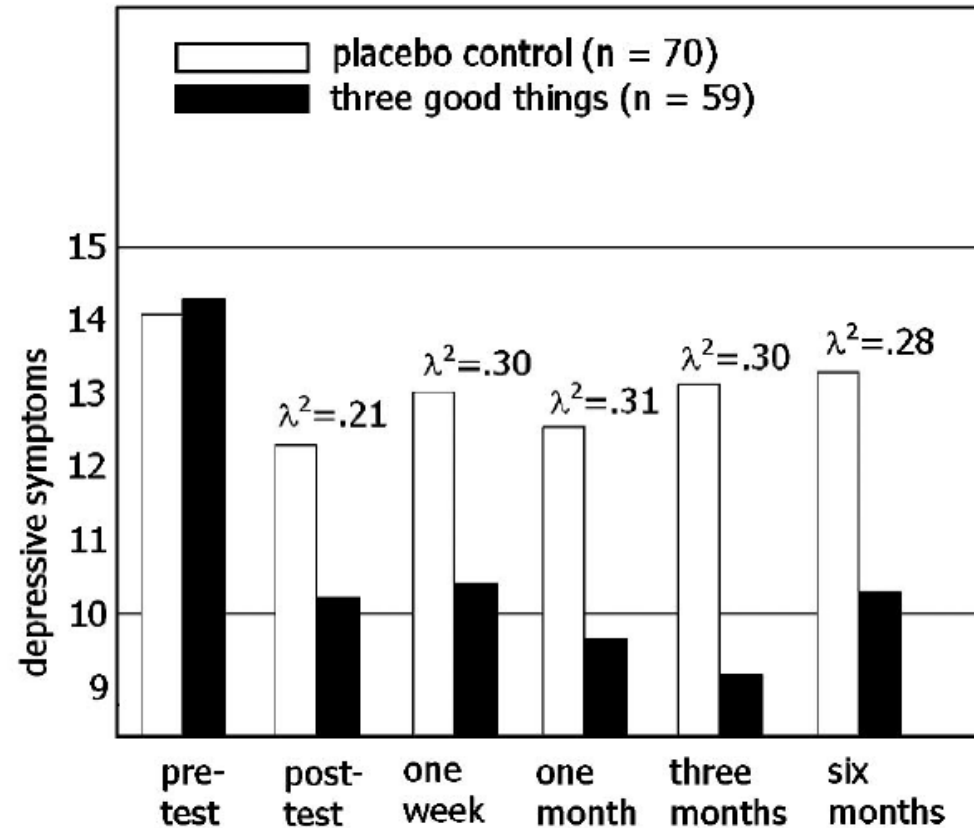


# Three Good Things

- Every night before you go to sleep:
  - Write down 3 good things that happened in your day
  - Do this for two weeks
- Results?
  - This practice retrains your brain to focus on the positive
  - Better sleep quality
  - Increase in positive interactions



# Three Good Things

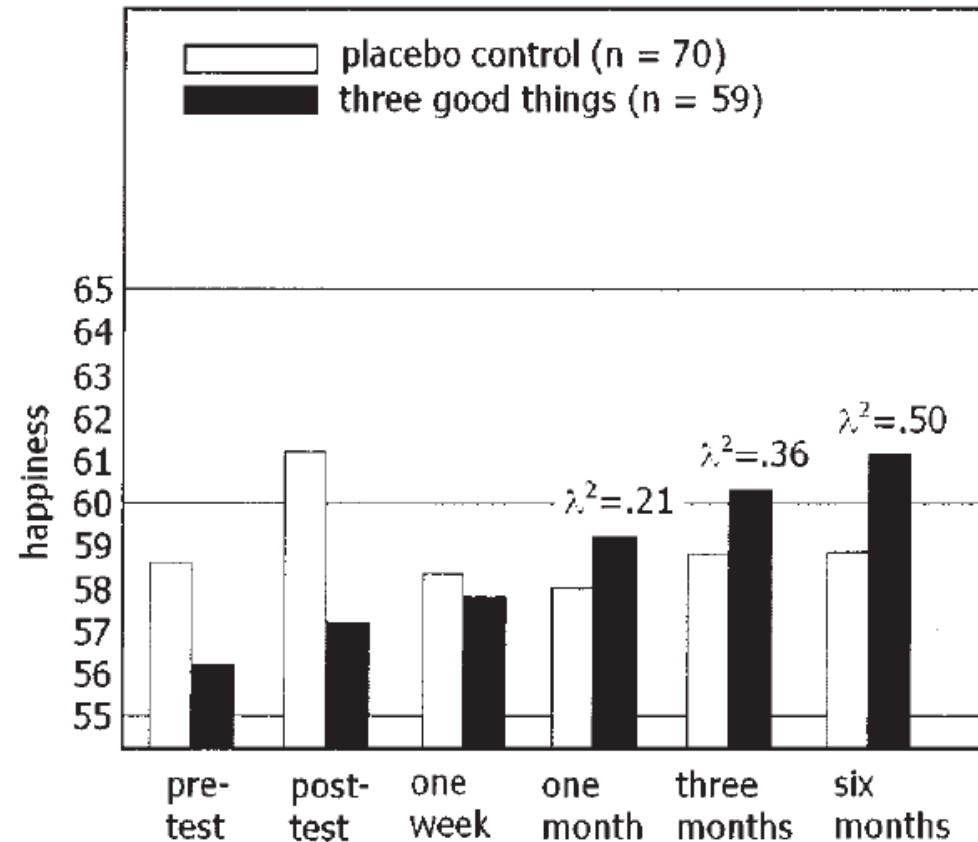


Seligman, Steen, Park & Petersen, 2005





# Three Good Things



Seligman, Steen, Park & Petersen, 2005



# Three Good Things Study

Study – November 2015

Participants:

- 2842 Total Participants
  - 475 Students
1. Our study population was significantly more burned out and depressed than the general population.
  2. Depression, Happiness, Burnout, and Work/Life Balance all showed significant improvement in the initial post-study analysis. This was likely even better than all other previous smaller studies done in only healthcare settings.



## More Early Data Results

1. Participants enjoyed the program and when asked would you be interested in other Bounce Back programs:
  - a) 75% yes
  - b) 18% maybe
2. They would recommend this exercise to a friend and was seen as a favorable way to spend their time:
  - a) 92% yes
3. I feel my mood has improved:
  - a) 70% agreed
  - b) 23% neutral





# Gratitude

it is not happiness that makes  
us grateful, it's gratefulness  
that makes us happy.

*Brother David Steindl-Rast*

THECAREGIVERSPACE.org



# Gratitude Is A Gift You Give To Yourself

- Decreased depressive symptoms and increased feelings of well being <sup>5,1</sup>
- Improved psychological well-being <sup>6</sup>
- Improved working memory <sup>2</sup>
- Improved sleep <sup>3</sup>
- Improved immune system function <sup>4</sup>
- Improved relationships <sup>5</sup>
- Improved coping with emotional upheavals <sup>6</sup>



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# Social Connections

- Loneliness Kills
  - Increases premature death by 14%
  - 40% of Americans are lonely at any one time
  - 4am friends
  - Why is talking about loneliness taboo
  - Facebook makes it worse



# Impact of Social Connection

- Improves longevity
- Increases our quality of life
- Coping mechanism to deal with stress
- Promotes positive self-care
  - What are the messages we tell ourselves?
- Core for our personal and organizational resilience work





# The Focus of Our Work

- Community presentations and outreach projects
  - Buffalo Days Parade
  - Random Acts of Kindness work
- Community Engagement / Wellness
- Business partners
- Community partners
  - Schools
  - Police
  - Government organizations
  - Churches



# The Focus of Our Work

- Web site
  - Conferences
  - Travel
  - Resources
  - Research
- Community Resources
- Grants
- Toolkit for Communities



# Questions

Please contact me at –

[christy.secor@allina.com](mailto:christy.secor@allina.com)

Thank you!

